

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: E-59
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John V. Thompson
Date drilling completed: 10-20-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name <u>Richard Ball</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>Ellisville MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>34</u> Twn <u>8N</u> Rng <u>13W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>W</u> of <u>Ellisville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 97 feet above or below (circle one) land surface Date measured: 10-20-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 240 Well depth: 220 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 200 feet to 220 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John V. Thompson 0-679 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

County: Jones
Permit #: _____
Driller: John W. Thompson
Date completed: 10-20-05

Aquifer: _____
Well #: E-59
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Richard Ball</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>Ellisville MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>8N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>W</u> of <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u> _____
Date Pump Installed: <u>10-21-05</u>	Setting Depth: <u>140</u> _____ feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-21-05</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>97</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>113</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>16</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W. Thompson 0-679
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer

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NOV 16 2005

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